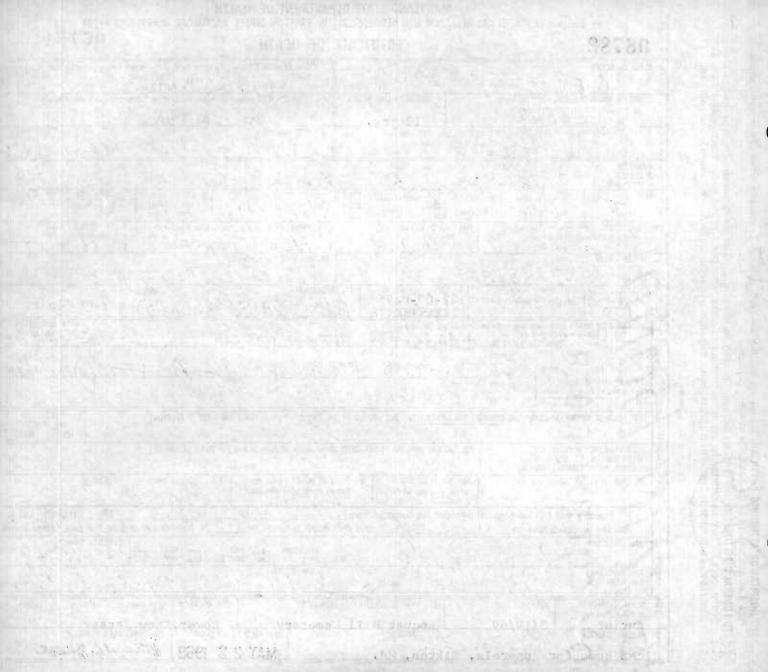
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1				ID STATE DEPARTM					
	06781	DIVISION	·	301 W. PRESTON STR CERTIFICATE OF I		RE, MARYLAND 21	201 06	780	
	DECEASED-NAME	First	Middle	Lost	20.	. DATE DF DEATH	D V		. HOUR
	(Type or print)	Herman	Raymond	Aronson		May Month	15, I	969	М
3.	SEX	4. RACE	ath ts rewin	S. DATE OF BIR	RTH	6. AGE (In ye lost birthday		YEAR IF UNDI	DER 24 HRS.
	Male		hite	Octobe	r 25,1900	0 68	YRS.	DATS HOURS	min.
70	. BIRTHPLACE (Stote or fountry)	oreign 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED NEVER MARR	9. co	UNTY OF DEATH			
L	Rhode I		S.A.	WIDOWED DIVOR	CED 🗆	Cecil			Md.
10.	CITY OR TOWN OF DEAT	Н	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital	12o. USUAL OCC	CUPATION (Kind of work	done 12b. KIN	ND OF BUSINE	SS OR
	Elkton		give street oddress) Unic	on Hospital	Ret. Bo	working life, eyen if re oat Captain	Bo	ating	
13	o. USUAL RESIDENCE (Wh mission) STATE	ere deceosed lived, if i	mannon, Keardence Deloie	TISC. CITT OK TOTTI	13d. INSIDE CITY LIMITS?	13e. STREET AND NUM	BER		
L	Md.	130. 000	Cecil	Fredricktown					
14			ddle Lost	15. MOTHER'S MA			iddle	Los	
L	Ado		rman Arons		Nell			hnson	174
16	yes, no, or unknown)	N U.S. ARMED FORCES? (If yes give war or dates of ser					dress		7
1	Yes, no, or unknown)		Harris Landson	Mrs. Mar	y W. Aror	nson, Geor	getown,	Md. 2:	1930
	18. CAUSE OF DEATH	(Enter only one couse	per line for (o), (b), ond (c)	.)			RETY	PPROXIMATE INTE WEEN ONSET AND	D DEATH
	PART I. DEATH V	IMMEDIATE CAUSE (o	Emp	hysema din c	hronic	obstruct:	ive		
н	472X	DUE TO), OR AS A CONSEQUENCE OF		sease		2	year	rs
	Conditions, if ony, w	hich gove) (t	0)						100
	stoting the underlyi		O, OR AS A CONSEQUENCE OF				11-073		
F	lost.		()						
	PART 2. OTHER SIGNI			OT RELATED TO THE TERMINAL					
N	5	Chroni	c and acut	e cerebral					
CEPTIEICATION	19a. DATE OF OPERATION	ON 19b. CONDITION F	OR WHICH OPERATION WAS PE			20b. IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONSIDERED	IN CERTIFYII	NG
DTIE.		UNDED (VINC		YES _	NO 🗌				
			TIME OF INJURY LA.M. Month Doy Yeor	21c. HDW INJURY DCCL	URRED (Enter notu	re of injury in Port 1 or	Port 2, Item 18.)		
MEDICAL	(If either, notify med	ical examiner)	P.M. 1	9		DESCRIPTION OF THE PERSON OF T	100		
A	While Not while			CTORY,) 21f. LOCATION Street		City or Town	County		Stote
	22a L certify the	at (1) (this hasnital) attended the deceas	ed from 16 May	68, 19	, to 15 May	_68)	that (I) (a	last
	sow the dec	ceosed olive on	15 May 69	9, ond that in (my body ofter death.	/) (🗪) opinion	deoth accurred on	the dote ond h	our ond fr	rom the
	22b. SIGNATURE	ed dudve, (i) ((and fiot) view the	body offer death.			22c. DATE SIGNE		1
	100/1/1	n. alen	thate.	DEGREE PHYS.	G MED.	OR STAFF PHYS.		May 6	59
1	22d. PHYSICIAN'S	D. Or Will	- Very	22e. ADDR		VK - PHIS	10	race y C	, ,
	NAME (Type)	Wallace Ob	enshain. M.D.	Ceci	ilton, Md	1. 21913			
23	o. BURIAL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d	. LOCATION (City or Tow	/n) (County) (Sto	ote)
E	REMOVAL (Specify)	May, 17,		Cemetery		Calena,	Ken	,	
24	. FUNERAL DIRECTOR		ADDRESS		25o. REC'D BY REG		ISTRAR'S SIGNATUR		
	Edward Fel	lows & Son	, Millington	, Md. 21651	DATMAY 2	0 1989 (10	limelas (warp.	

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n	_ 1	1	Division of S		MARYLAND STATE DE ARCH AND RECORDS, 301			AND 21201
1	. 2	1	6782			OF DEATH		06781
	death and death		ACE OF DEATH COUNTY CECIL		M D MARYLAND	2. USUAL RESIDENCE (W o. STATE	here deceosed lived, if instituti	on: Residence before admission)
	naurs after by the fur see Pages 1 haurs after		CITY OR TOWN (If outside corpor write RURAL ond give nearest to	nyn)	c. LENGTH OF STAY IN 16	F	side corporote limits, write RUR	
	filled in X2		NAME OF HOSPITAL OR INSTITUTION ME OF	080,12	nive street address) Middle	d. STREET ADDRESS	2, Box 4. DATE Month	e. IS RESIDENCE ON A FARM? YES NO 1
	e executed withing and campletely fremave carban in any event, with	DE	CEASED pe or print)	ELYN RACE 7. MARRIED	NEVER MARRIED	BAIR BAIR B. DATE, OF BIRTH	OF DEATH 5	IF UNDER 1 YEAR IF UNDER 24 HRS.
	. ==-	10o. U	F WHIT	WIDOWED Ork done 10b. KI	DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	8/2/ 11. BIRTHPLACE (County 8	lost birthdoy) yrs. Stote, or foreign country)	Months Doys Hours Min. 12. CITIZEN OF WHAT
	physician of hen please naval, and in		most of workingslife, even if retire		DUSTRY, W-	14. MOTHER'S MAIDEN N	DERSEY	COUNTRY?
	en Ti		VAS DECEASED EVER IN U.S. ARMED Ino, of unknown) ((If yes give word		SOCIAL SECURITY NO. 17. 1 2-02-0295	NFORMANT	Addre Club Reserved	
	it the death the attendi isit permit. matian, or r	T	B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY: A	(o), (b), ond (c).)	ZMD DTY	(ci(INTERVAL BETWEEN ONSEL AND DEATH
+	equires that the physician. signed by the burial-transit burial, cremat		onditions, if any, which gove	DUE TO (b)	MICED BRE	BST CARCIA	IMA BILA	TERAL) 10 YEAR
7/	law requending phesensical seems in properties in the properties of the properties in the properties i	st	se to immediate couse (a), toting the underlying couse set.	DUE TO (c)	GENERALIZ		ASTASIS	1
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	G PHYSICIA the hospital this certific detached fa	= (Oo. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEA IF EITHER, NOTIFY MEDICAL EXAMIN Oc. TIME OF INJURY MONTH, DOY	ATH (ER)		CE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
	DING PI by the Affer thi be deto State De	MEDI	Hour o.m. p.m. 21. I certify that (1) (the	While of work	Not While of foct of work ded the deceased from	ory, street, office bldg., etc.)		B 19 that (I)((we) lg
•	ATTEN retained ECTOR:) should with the	-	saw the deceased alive	A	6 1967, and tha	ATTENDING ATTENDING	MED. STAFF	and on the dote stated above
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to	-	22c. PHYSICIAN'S NAME (Type)	IN L	· PARK	22d. ADDRESS	WEST MAIN	ST ELETEN
	O HOSPI) Page 4 m O FUNER, director, should b	230.	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tov	vn) (County) (Stote)
	VR A15 (4)	24.	Burial 5/	19/69	Locust Hill (Cemetery 250. REC'D	BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
	20 M 1/66	Hi	cks Home for F	unerals, E	lkton, Md.	IPMAY	2 2 1963 400	white Areas

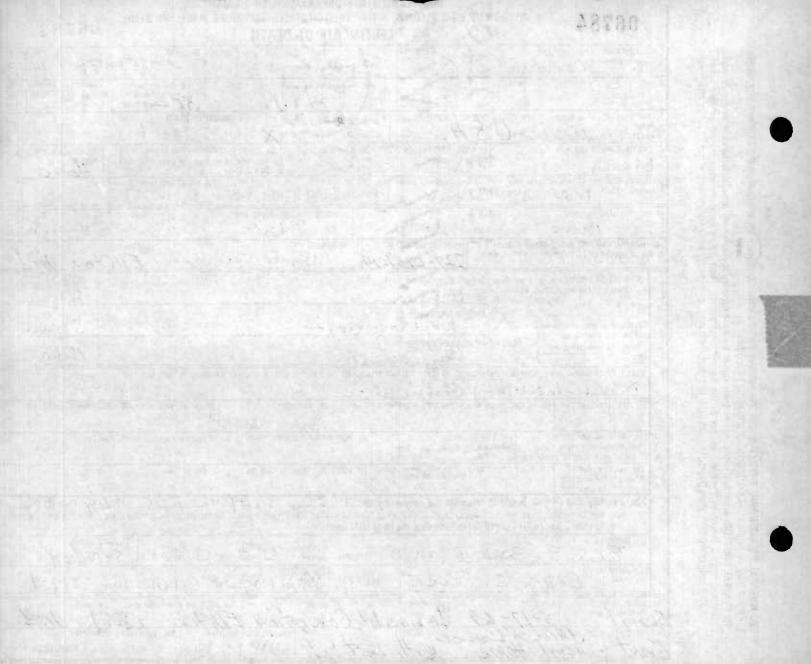


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06783 06782 CERTIFICATE OF DEATH death. filled in by the funeral n papers. Pages 1 and 2 ithin 72 hours after death. executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY Cecil Marvland Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Years Elkton d. STREET ADDRESS 204 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) and in any event, within 72 Union Hospital of Cecil County Whitehall Road YES NO X NAME OF First Lost DATE please remave carban Doy Year and completely DECEASED 1969 Buckworth May (Type or print) Samuel ExxxxXX Howard DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED Months Dovs Hours White Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of yrorking life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) be INDUSTRY U.S.A. attending physician permit. Then please requires that the death certificate Maryland tarmer Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval. Samuel H. Buckworth Sarah Redmile 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 222-16-89 59 Clifton Buckworth (Son) Elkton, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: BUSED AND DEATH Myocardial Infarction IMMEDIATE CAUSE (o) by physician. DUF TO burial, Nephritis 4-Years Conditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying couse 2- Days Page 4 may be retained by the haspital ar attending as the DIRECTOR: After this certificate has been Health priar ta Pulmonary Edema lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION far use NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH t o detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While Hour o.m. 19 of work ot work 21. I certify that (I) (this hospital) attended the deceased fram hay 10, , 1909, to May 1969, that (I) (Wellast saw the deceased alive on May 13. 19 69, and that death occurred at 8:05M, from couses and on the date stated above 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR director, page ADDRESS 22c. PHYSICIÁN'S 22d. FUNERAL Johnson M.D. High St. Elkton Cecil Md. NAME (Type) James 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (Stote) (County) Burial (Specify) May 16. 1969 Bethel My hesaneake emeter 9 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1 Harles Elkton 20 M 1/66

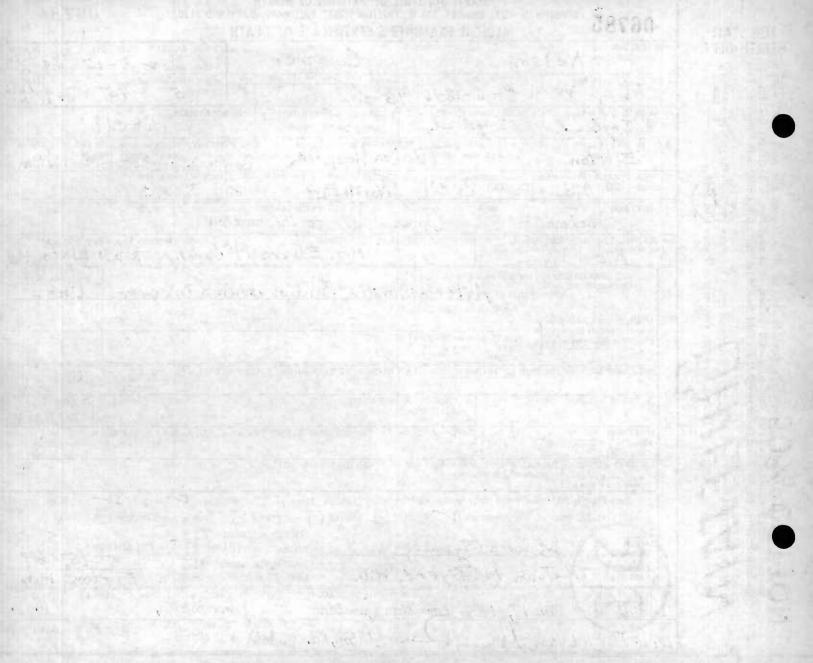
MARYLAND STATE DEPARTMENT OF HEALTH

THE RESIDENCE OF THE PARTY OF T

DIAME LAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06784 06783 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR death. within 24 hours after death funeral Tand (Type ar print) Carlotta Month 15 (Year Collins 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS Jast birthday) HOURS and completely filled in by the remove carbon popers. Page any event, within 72 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED IX Dam-Perulper IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) ElKtrn Jnion 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? executed 13b. COUNTY North East NO X 12.D, 本 State Dept. of Health prior to buriol, cremotion, or removal, and in any 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last Coman'na Costa pulyo (+lovia please attending physician permit. Then please ceptificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ogunknown) (If yes give war or dates of service) Hospital Mecanda 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: the deoth cremic IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Canditions, if any, which gave Nephroscheroses rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF by the hospitol or attending physicion. stating the underlying cause last. Hemertersen PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO 🔽 certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Tawn County While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from 1/3 saw the deceased alive on 1969, and that in (may) (our) opinion death occurred on the date and hour and from the TO FUNERAL DIRECTOR: A TO HOSPITAL OR ATTEND Page 4 may be retained director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED, ATTENDING PHYS. miD. Teloor Te. 16 DEGREE DIRECTOR 22d. PHYSICIAN'8 22e. ADDRESS TOLKIN M.1) Union Hosputal, Elkom, bul, BURIAL, CREMATION, REMOVAL (Specify) 23b, DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) (Caunty) (State) 25b. REGISTRAR'S SIGNATURE Mileanley Judge



MAKILAND STATE DEPAKTMENT OF MEALIN



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06785 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH William HEALTH DEPT. 1. DECEASED-NAME Middle 2g. DATE KNOWN (Type or Print) deloy is and 3 to M3. Page DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years 2c DATE PRONOUNCED DEAD 2, and May 5. 1964 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH with form Give Pages 1, WIDOWED [DIVORCED [U.S.A. Pennsylvania 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Ond Just olor odmission) STATE 13b. COUNTY 24 hours ofter 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Rossahn hours 16b. SOCIAL SECURITY NO. 17. INFORMANT be executed within (Yes, na, ar unknown) William Blair within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: due to drowning Unk IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pleose execute the certificate. YES 🗔 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f, LOCATION Street or R.F.D. No City or Town County (Cert) NOT WHILE FUNERAL DIRECTOR: Poge 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry Inquiry and in my opinian deoth resulted fram: Natural causes . Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE TO FUN. Heolth P DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or caunty) 23a. BURIAL, CREMATION, 23d. LOCATION (City Chester County 5/28/695 Hephz bah Baptist Cemetery. East Fallowfield Twp. Pa. 2Sb. REGISTRAR'S SIGNATURE Elkton, Maryland Bicks Home VR A15ME [5]

MAKTLAND STATE DEPAKIMENT OF HEALTH

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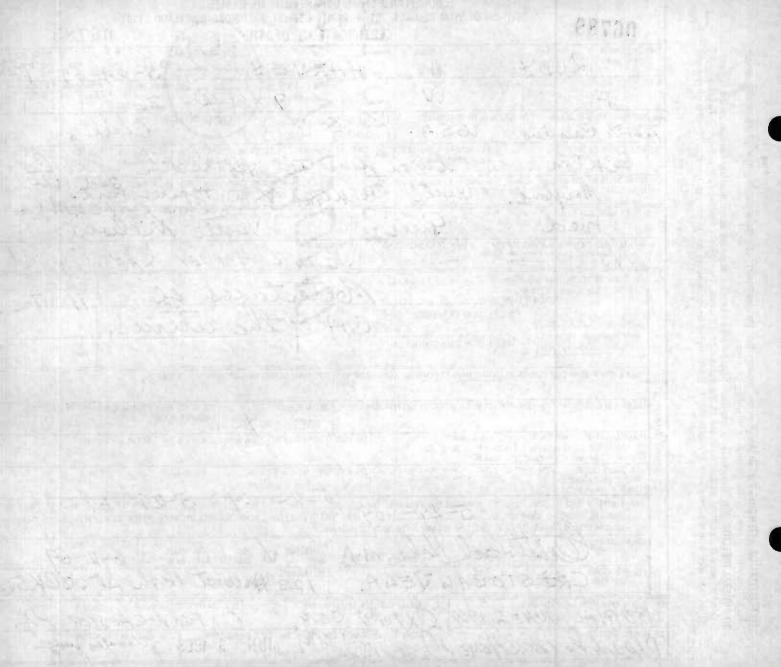
516	Įt	em5 FilmGl12 5/15/69 MARYLAND STATE DEPARTMENT OF HEALTH OCTOR DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6786
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month D	oy Year 2b. HOUR
any delay is 2, and 3 to 143. Poge	(FRED WILLIAM DITTMAR, The DEATH MATED 5	11 19 69 6:36
elay id 3 i. Po ent	3. S	lost burthdoy) MONTHS DAYS HOURS MIN. Macab	Year 2d. HOUR
PETA	-	Male White yan, 29, 1941 42 YRS May 11	19 69 6:345
		BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7. COUNTY OF DEATH WIDOWED DIVORCED CCIL	
de fo		CITY OF TOWN OF PERSON AND A PE	b. KIND OF BUSINESS OR
Give Poges ong with for th the State.		Elkton give street address) during most af warking life, even if retired.) IN Salesman	DUSTRY OF BUSINESS OR
hin 24-hours ofter death kil in Item 18. Give Page iner's Office olong with a pages 1 and 2 with the Stat hours ofter death.	13a.	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 113e, STREET AND NUMBER	
ahours offer them 18. Giftie olon Office olon land 2 with offer deoth	a	rdmission) STATE Pa. 1896. COUNTY Phila. Rockledge YES XXIO \(\text{YES} \) 27 Centra	1 Ave., Pa.
and and office	14. [FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Fred William Bittman, Sr. Elizabeth	Lost
hin 24 niner's pages 1 hours	140	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Hermes
		(185-20-6943 Mrs. Hazel A. Dittmar, Rockledge,	Pa.
should be executed wirely ward "pending" in per the Chief Medical Exorurial-tronsit permit. File in any event within 72		1B. CAUSE OF DEATH (Enter only one couse per line far (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" ir Medical I permit.		IMMEDIATE CAUSE (a) Cirrhosis of the liver	
e ex pend ef M sit p		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove	
Id b rrd " Chii -tror		rise to immediate couse (a). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be e ne ward "per to the Chief I burial-tronsit I in any ever	9.0	last. (c)	
TY DICAL EXAMINER: This certificate should be executed y, pleose execute the certificate, writing the ward "pending" in stal director. Page 4 should be forwarded to the Chief Medical Esor estained for your files. **AL DIRECTOR: Page 3 should be used as a burial-transit permit. Find prior to burial, cremation, or removal, and in any event within		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
word word ovol	ATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
te, ye for rem	TIFIC	WAS PERFORMED?	YES NO
INER: This certifica e certificate, writing should be forworde files. 3 should be used os ation, or removol, c	MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item P.M. 19	1B.)
bical Examiner: se execute the certivities. Set on your files. recTOR: Page 3 should buriol, cremation,	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street at R.F.D. No. City at Town	Caunty State
XAN te th your your oge cren		WHILE NOT WHILE of foctory, office building, etc.)	
A Pog For For Tiol,		22a. I certify that I taak charge af the remains described above, held an Autap XX, Inspection [], Inquiry [],	and in my apinian
SICA Se es ctor. ctor. Ded ECTC		death resulted fram: Natural causes XX, Accident , Suicide , Hamicide , Undetermined manner	
JIY please ereral director be retained RAL DIRECTOR prior to bu		ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	MED
JTY, Ind. Ind. Ind. Ind. Ind. Ind. Ind. Ind.		M.D. DEDITY MEDICAL EVANDAGE TO MOST	12, 1969
necessory, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to buriol, crem		EXAMINER'S NAME (Type) RONALD N. KORNBLUM, M.D. ADDRESS(Street, city, town, or county)	
10 10 10 10 10	230	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	ounty) (State)
	04	BENDVALISOOCITY) May 13, 1969 Lawnview Cemetery Rockledge Ph. FUNERAL DIRECTOR 250, RECTO BY REGISTRAR 256, REGISTRAR 356	ila., Pa.
	24.	FUNERAL DEVELOPMENT ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNET FUNERAL HONE Downed to Development 250. REC'D BY REGISTRAR'S SIGNET FUNERAL HONE Downed to Development 250. REC'D BY REGISTRAR'S SIGNET AND DEVELOPMENT ADDRESS 250. REC'D BY REGISTRAR'S SIGNET ADDRESS 250. R	NATUKE

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4			06788			CATE OF D			10678	37
	funeral and 2 er death.		ECEASED-NAME First Type or print) JA	Middle MES H. GIBSON		Last	2a.	DATE OF DEATH	1969	2b. HOUR
	24 haurs after death ed in by the funeral ppers. Pages 1 and 2	3. 5	MALE	4. RACE NEGRO		S. DATE OF BIRTI		6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR MONTHS CIAYS	IF UNDER 24 HRS. HOURS MIN.
	in 24 haurs after filled in by the fi papers. Pages hin 72 hours-after	7a.	BIRTHPLACE (State ar fareign 77 ntry) Mississippi	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED	NEVER MARRIE		UNTY OF DEATH	~	
	within 24 sly filled san pape within 72	10.	CITY OR TOWN OF DEATH Perry Point	11. NAME OF HOSPITAL OR INS give street address) VA Hospi	TITUTION (If r		12a. USUAL OCC	UPATION (Kind of work done working life, even if retired.)	12b. KIND OF E	Cil Md. BUSINESS OR
	cuted withing ampletely for carban event, with	13a. adm	USUAL RESIDENCE (Where deceased issian) STATE	d lived, if institution: Residence before	13c. CITY OF		I. INSIDE CITY LIMITS?	13e. STREET AND NUMBER 657 Franklin	Street	
	icate be executed sicion and campli please remave con and in any even	14.	FATHER'S NAME First Cornelius	Middle Last		S. MOTHER'S MAID	EN NAME First tha Anth	Middle		Last
	law requires that the death certificate be executed within nding physician. been signed by the attending physician and campletely fills the burial-transit permit. Then please temave carban point to burial, crematian, ar remaval, and in any eyent, within	160	. WAS DECEASED EVER IN U.S. ARME			INFORMANT A Record		Address H. Perry Point	Md .	
	ding phy remaya		18. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c).					APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH
	it the death ce the attending p sit permit. The nation, ar remo		4310 IMMEDIATI	DUE TO, OR AS A CONSEQUENCE OF					12-16	hrs.
N	equires that the d physician. signed by the att. burial-transit per. burial, crematian,		rise to immediate cause (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	hype	rtensive	cardiov	olicated by Vascular diseas	se	
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	PHYSICIAN: The law re e haspital or attending his certificate has been stached far use as the Dept. af Health priar ta	MEDICAL CERT	21 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. Manth Day Year				e af injury in Part 1 ar Part 2,	Item 18.)	
	by the haspit frer this certil be detached State Dept. af	MEI		LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		CATION Street a	ır R.F.D. Na.	City ar Tawn	Caunty	State
	_ A		22a. I certify that (i) (this	haspital) attended the decease ve an 5-14-1 (红)(we) (did) (祖本政) view the l	d fram 969_, an	5-13- d that in (xxx)x	, 19 <u>69</u> , (aur) apinian	ta <u>5-14-</u> , 19, death accurred an the da	69, that2 te and haur a	(b)c (we) last and fram the
	OR ATTENI be retained DIRECTOR: A le 3 shauld ed with the		22b. SIGNATURE		Degr	ATTENDING	MED.	R STAFF 22c.	DATE SIGNED 5-14-69	
			22d. PHYSICIAN'S NAME (Type)	L. MOONEY. O.D.	<i>U</i>	22e. ADDRES	SS	ital, Perry Po		
	Page 4 may O FUNERAL I director, pag shauld be fill	23a	BURIAL, CREMATION, REMOVAL (Specify) 5	ATE 23c NAME OF		CREMATORY Mation	6 23d	LOCATION (City or Town)	(Caunty)	(State)
	30M REV. 4	24.	FUNERAL DIRECTOR	Jedina an Annorce	17000	25	ATE AY 20	STRAR 25b. REGISTRAR'S	SIGNATURE	e:



	MARTLAND STATE DEPARTMENT OF HEALTH	
1	06789 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND STREET, BALTIMORE, B	06788
death.	1. DECEASED-NAME (Type or print) RUBY Mr HARVEY 20. DATE OF DEATH Month,	Day Yeor 7 AN
s after th fur ages i	3. SEX 4. RACE S. DATE OF BIRTH 9-16-32 6. AGE (In lost birth)	YES. JE UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
physician and completely filled in by the fen please remove carbon papers. Pages aval, and in any event, within 72 haurs after	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED	Ceril, Md
	1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during month of working life, earny) 12a. USUAL OCCUPATION (Kind of working life, earny)	retired.) 12b. KIND OF BUSINESS OR INDUSTRY
complete complete complete control con	13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE Marylen (3b. COUNTY Could be all the state of the stat	umber old Mile
ate be exercian and control ease remo	14. FATHER'S NAME First Middle Green 15. MOTHER'S MAIDEN NAME FIRST Vestile No.	Middle Loss
th certificat ding physici Then plec remaval, a	Yes, no of this nown) (If yes give war or dotes at service) — JOHN L. HARVEY -(Address City Md
ne dea attence permit	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. Q IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	APPROXIMATE MITERAL BETWEEN ONSET AND DEATH If muttes
equires that the d physician. signed by the att. burial-transit perr burial, crematian.	rise to immediate cause (a). stoting the underlying cause (b). DUE TO, OR AS A CONSEQUENCE OF (c). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 18	
The law req attending p has been si ise as the bit th prior to but	NO	FINDINGS CONSIDERED IN CERTIFYING
ICIAN: pital or pital or rtificate d far u af Heal	To R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19	or Port 2, Item IB.)
JING PHYSIC by the haspii ffer this certii be defached State Dept. af	While Not while of work of wor	Caunty State
TO HOSPITAL OR ATTENDING Page 4 may be retained by it TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State	22a. I certify that (I) (this haspital) attended the deceased from, 1967, ta, 1967, ta, 1967, ta, 1967, ta, 1967, ta, 1967, ta, 1967, and that in (my) (aur) apinian death accurred a causes stated above, (I) (we) (did) (did nat) view the bady after death.	9, 19, 69, that (I) (we) last an the date and haur and fram the
L OR AI L OR AI DIRECT DIRECT Shed with	22b. SIGNATURE CRISTOCIAL Dela, MOTORE ATTENDING MED. DIRECTOR DIRECTOR PHYS.	22c. DATE SIGNED 6-2-69
TO HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the S	22d. PHYSICIAN'S CRISTOBAL VELA. 22e. ADDRESS NAME (Type) CRISTOBAL VELA. 123 WWW. CUEST HAY	h St. Elktri
	230. BLIRIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of TOR DEC.) 25c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Tok Dec.) 25c. RECID BY REGISTRAR 25b. RECID BY REGISTRAR 25b. RECIDENCE.	OWN) (County) (Store) CHESTER PA
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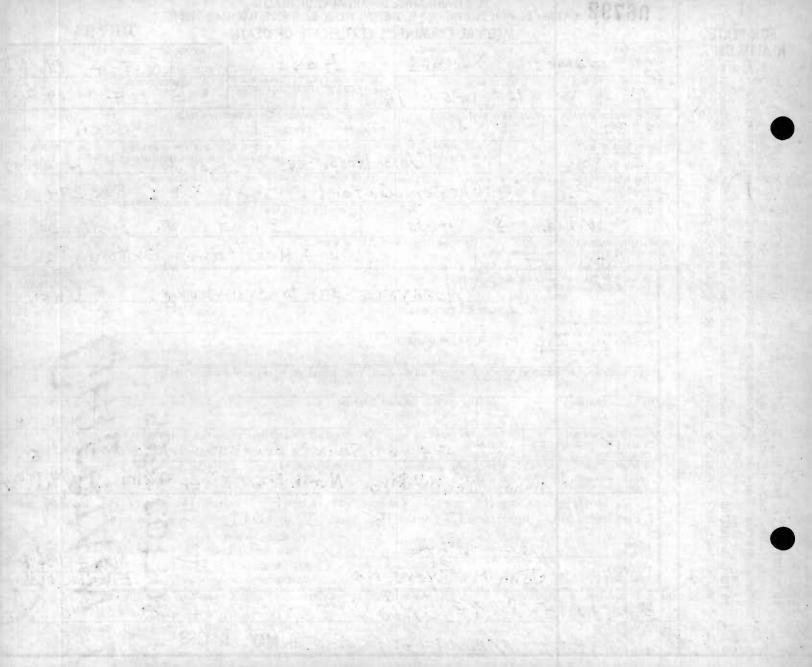


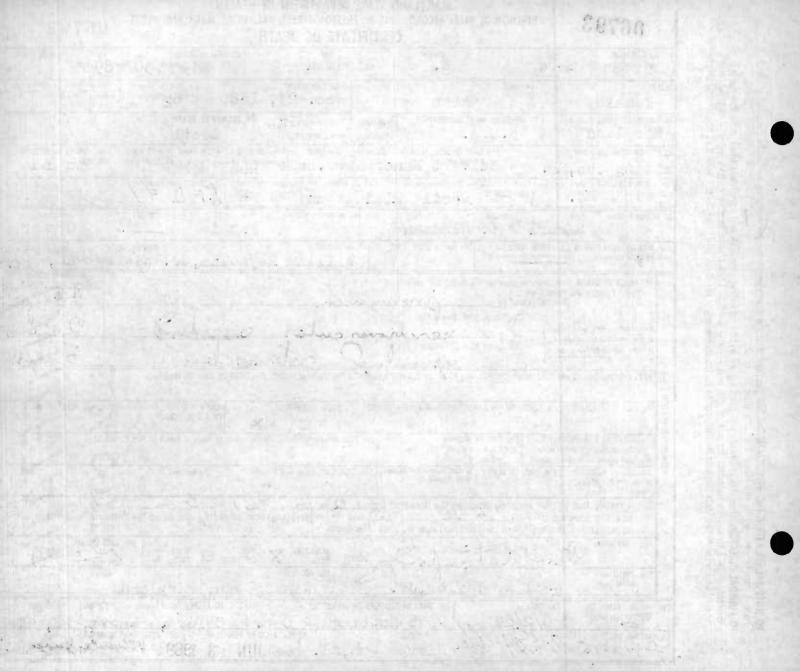
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	1	1	06791	DIVISION	OF VITAL RECORDS,	301 W. PRESTON STR	EET, BALTIMOR	PE MARYLAND 21201	06790	
Jeath.	uneral T and 2 or death.		ECEASED-NAME F	irst Calvin	Middle C.	Lost HENRY		DATE OF DEATH Month May 17	25. HOUR 1969 5:15p	
s after o	es fu	3. 5	Male	4. RACE	White	S. DATE OF BIR		6. AGE (In years last birthday) 56 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS GAYS HOURS MIN	5.
that the death certificate be executed within 24 haurs after death	in by grs. 2 hbu	COU	BIRTHPLACE (State or foreign ntry) Penna. CITY OR TOWN OF DEATH	U.S	F WHAT COUNTRY? A. II. NAME OF HOSPITAL OR INS	8. MARRIED NEVER MARR	CED 🔀	UNTY OF DEATH Cecil UPATION (Kind of wark dane		۸d.
within	tely filled in rban papers , within 72 h		Perry Point		give street address) VA	Hospital	during most of	warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY	
ecuted	and campletely filled remave carban pape n any event, within 7	adm	USUAL RESIDENCE (Where de issian) STATE Penna.	JSb. COUN	TY	Lewistown	3d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 218 So. Br	own St.,	
be ex		L	FATHER'S NAME First Calvin	Midd	Henry			Middle	Kane Kane	
rificat ag	shysteen en please ival, and i	160	. WAS DECEASED EVER IN U.S. (es, no, or unknown) (If yes of Yes	ARMED FORCES? JIVE was or dates of service WW II	16b. SOCIAL SECURITY N 177-10-08		ital Rec	ords - Perry P		d
eath ce	prystran. signed by the attending hive burial-transit permit. Then, p burial, crematian, ar remaval,		18. CAUSE OF DEATH (Ente PART I. DEATH WAS CA	ICED DV.		y edema and b	ronchial	nneumonia	APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH	
the de	the attendi sit permit. natian, ar r		Canditians, if any, which as	DUE TO,	OR AS A CONSEQUENCE OF			rain, probably		
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requir	ng pny en sign te burie ta burie	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
	by the naspital at attending physician, ther this certificate has been signed by be detached for use as the burial-trail State Dept. af Health priar ta burial, cre	CERTIFICATION	190. DATE OF OPERATION	9b. CONDITION FOI	R WHICH OPERATION WAS PER	RFORMED 20a. AUTOP. YES X	SY?	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING	
	tificate d for us af Healt	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF (If either, notify medical ex-	DEATH HOUR	A.M. Month Doy Year	21c. HOW INJURY OCCU	JRRED (Enter natur	re af injury in Port 1 ar Part 2,	tem 18.)	
G PHYSICIAN:	this certifica detached for e Dept. af He	ME	21d. INJURY OCCURRED While Not while at work of wark	PLACE OF INJU	JRY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street	or R.F.D. No.	City or Tawn	Caunty State	_
N S	rage 4 may be relained by me n To FunEraL DIRECTOR: After this director, page 3 shauld be detac shauld be filed with the State Dep		22a. I certify that (1)	CARACACA	attended the decease	and that in Imv) (aur) apinian	ta <u>5-17-69</u> , 19 death accurred an the da	te and haur and fram th	st
OR AT	DIRECTOR: A DIRECTOR: A DE 3 shauld led with the		22b. SIGNATURE	72	wants	Moere ATTENDING		STAFF 22c. I	DATE SIGNED 69	_
TO HOSPITAL	4 may NERAL tar, pag Id be fil		22d. PHYSICIAN'S NAME (Type)			22e. ADDR	VA Hos	pital - Perry	Point, Md.	
TO HO	rage TO FUI direct shau		REMOVAL (Specify)	85. DATE /8/	23c. NAME OF C		ery	LOCATION (City or Town) Nilroy, Niff	(Caunty) (State)	
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1	MARYLAND STATE DEPARTMENT OF HEALTH 106792 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 067	91
HEALTH DEPT.	1. DECEASED-NAME First Middle lost 20. DATE KNOWN Month Do	Y Yeor 2b. HOUR
oy is 3 to Poge ent of	(Type or Print) Tames Richard Hess DEATH MATED BY 5-4 3. SEX 4. RACE S. DATE DE BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	1969 7.18
ny deloy is 1, 2, and 3 to rm PM3. Poge Department of	M 12-21-51 lost birthday) MONTHS DAYS HOURS MIN. Month 5 Day 4	Yeor 1969 3108
	70. BIRTHPLACE (State or foreign country) 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED COUNTRY)	21°2 md
fter deoth Give Poges 1, eng with form th the State De	Eleton give street address) Union Hosp. Poor during most of working life, even if retired.) IND	KIND OF BUSINESS OR USTRY
s after 18. Gentle 19.	130. USUAL RESIDENCE (Where deceosed live), if institution: Residence before 13c. CITY OR TOWN odmission) STATE Par 13b COUNTY Charter Oxford YES \(\sqrt{NSIDE CITY LIMITS?} \) NO \(\sqrt{R.D.1} \) Bo>	c 279
hin 24 hourners office niner's Office poges land?	14. FATHER'S NAME First Middle Hess Is. MOTHER'S MAIDEN NAME First Middle Hess Emma J. Ha	stings
	(Yes, na, or unknown) (If yes give war or doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT WE GITTERS (Fitter) ADDRESS CONTON	L, Pa.
xecuted anding in Medical E permit. F	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N 0) 0	rise to immediate cause (a), stating the underlying cause lost. (c).	
ficote ing the ded to ded to as o	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate slicate, writing the be forwarded to dbe used as o bu or removal, and ii	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	20. AUTOPSY? YES NO ID
# _ 2	FRIMARY OF CONTRIBUTING 1500 P.M. 5-4 1969 Sank in deep water while sw	imming.
	21d. INJURY OCCURRED 21e. PLACE DF INJURY (At home, form, street, while at work at work at work to the form, street, the form, street, at work at work to the form, street, the form, street, the form to the form to the form to the form, street, the form to the form to the form to the form to the form, street, the form to t	ounty Marine
JICAL E leose exect director. Particle for burial, or to burial,	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	and in my apinian
ry, perdler RAL	ACTUAL SIGNATURE	1ED 4, 1969
TO DEPUTY necessary, the funera 5 may be TO FUNERA! Health pr	NAME (Type) 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LDCATION (Gry or Town) (Co	unty) (Stote)
2 12 -	REMOVAL (Specify) 1 5-8-1969 UNION CCM. UNION L2NC25/ 24 PLINERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN	1.11
VR A15ME (5) 10M REV. 1/68	tellianely topmoler (sport a DATMAY 6 1969 form	00





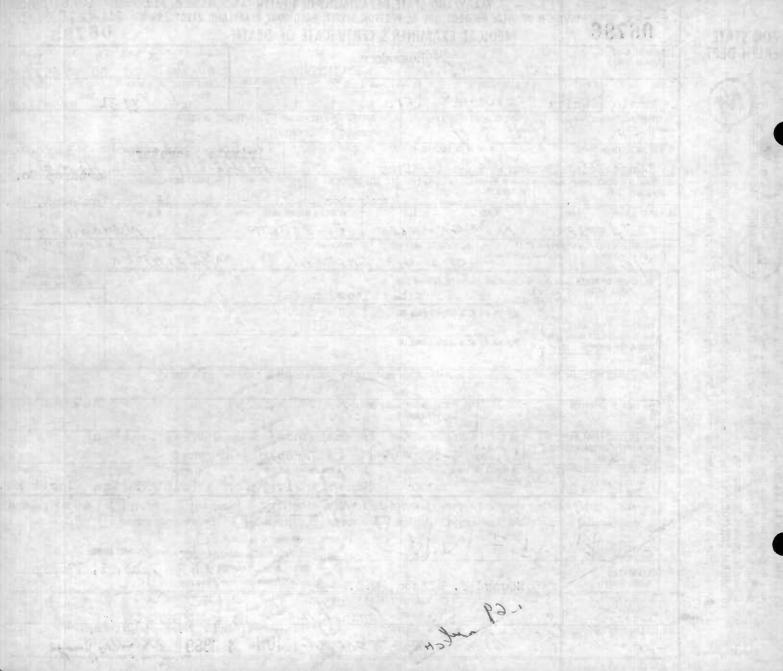
MARYLAND STATE DEPARTMENT OF HEALTH

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2			06795	DIVISION OF VITAL RECO	RDS, 301 W. PRESTON	I STREET, BALTIMO	RE, MARYLAND 21201		
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ithi	三章 1	1	ELHTON	give street address)	1 HASPITA	during/most g	f working life even if retired.)	INDUSTRY	Loxue
× 70	carbal w	130.	USUAL RESIDENCE (Where decoo	sed lived, if institution: Residence b	efore 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	777	011/6
executed within 24 hours after death	ev ev	odmi	ssion) STATE Md	13b. COUNTY CEC/L			116 THONI	SON DI	PIVE
· ×	eose remo	14. F	ATHER'S NAME First	Middle	Lost 15. MOTHER	R'S MAIDEN NAME First	Middle		Lost
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4	signed by the ottending physisperial transit permit. Then puriol, cremation, or removal,		110	177-0	5-3907 CH	ARLESA	LIMOVITCA	7 M	d
9	the ottending parsit permit. The mation, or remo		18. CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), o	nd (c).)			APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEATH
t bo	ndi Pr		PART I. DEATH WAS CAUSE	ED BY: IATE CAUSE (o)Chr	anic Mu	reloid L	pulla is	3	VEC
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hat	y t ans em		rise to immediate couse (a),		CE DE				
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D in	gne urio urio	129	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE TERM	MINAL DISEASE OF COND	TION CIVEN IN DART 1/a)		
			Anemia,	Acute bro			toid Arth	inter.	
W. P.	as been as the prior to	NOL		CONDITION FOR WHICH OPERATION V		AUTOPSY?	20b. IF YES, WERE FINDINGS		TIEVINO
The law re	as l	CERTIFICATION	TVO. DATE OF OTERATION	CONDITION TOK WITHEIT OF EXAMON V			CAUSES OF DEATH?	,	TIFTING
1 0	icate ha for use Heolth	ERT	21o. ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF INJURY			y	es	
PHYSICIAN:	for		OR CONTRIBUTING CAUSE OF DEA		Yeor Zic. HOW INJURY	OCCURRED (Enter note	ure of injury in Port 1 or Port 2,	Item 18.)	
Sici	i p	MEDICAL	(If either, notify medical exami	iner) P.M.	19				
H A	his ce etache Dept.		21d. INJURY OCCURRED 21e.	. PLACE OF INJURY (AT HOME, FARM, STE OFFICE BUILDING, FT	REET, FACTORY.) 21f. LOCATION	Street or R.F.D. No.	City or Town	County	Stote
9	this certi detached e Dept. af		While Not while ot work		ATT THE PARTY				
N A	After 11 be de State		22a. I certify that (I) (th	nis hospital) attended the de	ceased from5	1966	, to 5 - 27, 1	69, that (I) (we) last
S S	Id b		sow the deceased a	alive on 5-27	19 <i>6.9</i> , and that in	r (my) (our) o pinior	, to <u>5 -27</u> , 19 death occurred on the d	ote and hour or	nd from the
E is	should ith the			e, (I) (we) (did) (d id not) view	the body after death.				
OR ATTENDING PHYSICIAN:	Wit Wit		22b. SIGNATURE	105	20 A ATTE	ENDING MED.	STAFF 22c	. DATE SIGNED	
5 9	ed ed		Wille	ford cope		ENDING MED.	OR STAFF PHYS. 5	128/6	7
ITAI	Po po l		22d. PHYSICIAN'S NAME (Type)	111-Aph 1	10055 22e.	ADDRESS F M	KINST NE	LILEN	241
SPI 4	Tor, tor,		1000	LLIIVIV L	//- 3			CANT.	DEC
TO HOSPITAL	C FUNERAL DIRECTOR: After this cartificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to	230.	BURIAL, CREMATION 23b.		ME OF CEMETERY OR CREMATOR		d. LOCATION (City or Town)	(County)	(Stote)
2 4	200	1	ONTAC MI	AY 31,1969 H	OLY TRIKE		EAR CREEKT		PA
	VR A15 (4) 45M - 1/69	13	UNERAL DIRECTOR	ph 11 11	DKEZZ ETATEKI	MOO. REPRY B	GISTRAR 25b. REGISTRAR	S SIGNATURE	40
	45M - 1/69	1	PPINI UNE	INCHIOME X	and le	DATE	NOU	7	

THE THE CHARLES OF SHAPE SEED OF THE PARTY O Encourse House Break Litter - Wilderman and Rethinson Estimate Pulls to participated for the THE STATE STREET STATE AND TO SELECT AND THE PROPERTY OF Philosophy and the property of the second of

112	It	ems 18-22a Fi 3-69 ams DIVISIO	Lm 414 MARYLAND S N OF VITAL RECORDS, 301	STATE DEPA	RTMENT OF	HEALTH It	emsl&12 Fi	ilmG417	10/10/69kk
FOR STATE		16796	MEDICAL EXAM					0	6795 69
HEALTH DEPT.		ECEASED-NAME Firs		noemaker			20. DATE KNOWN	Month Do	y Yeor 2b HOUR
ay is 3 ta 9 ta		HE	EN J.	M	cCLINTOC		DEATH MATED		0 1969 VV: aM
delay and 3 A3 Pa	3. S	EX 4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.	2c. DATE PRONOUNCE	ED DEAD	2d. HOUR
> 3 1/1/2		Female White	1-10-18	5/? YRS.			May	30 31	Year 1969 11:aM
n, 2, m		BIRTHPLACE (State or foreign fry) PA	7b. CITIZEN OF WHAT COUNTRY?		RIED NEVER M.		UNTY OF DEATH		
Pages Vith far		ITY OR TOWN OF DEATH	11. NAME OF HOSPITA			ORCED 120 HEUAL O	Cecil	work dans 112h	Md.
after death along with the Sta with the Sta	10. (oive street address)		(II nor III nospiic	during most	CCUPATION Kind of w	remined.) INC	OUSTRY OF BUSINESS OR
Give ng h	130.	LOngs Point Ma	sed lived, if institution: Residence	before 13c. CITY	OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NU	MBER	of thrup Co.
		dmission) STATE	T3b. COUNTY		neton	YES NO	Box 144	Line I	exingon, PA.
haurs Item 13 Office 1 and 2 after d	14. 1	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MA	AIDEN NAME First		Niddle	Lost
4 - 10		CHARLES	M. SHOEM	RKER	8/12	ABETH		KNOW	AGHAN
		WAS DECEASED EVER IN U.S. ARMED es, po, or unknown) (If yes giv	was and atom of annotation		7. INFORMANT		ADDR		KIHGTON, 2A
7 e/ a b	1,	es de production (il yes giv	1.59- 20	-9170	ALDWE	11 5.	MCCLIA	Trock	///
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b),						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ling ling edic erm wit	10	IMMED	ATE CAUSE (o)		rowning	Carr I			
nauld be executed ward "pending" in the Chief Medical in rial-transit permit. In any event within		Conditions, If ony, which gove	DUE TO, OR AS A CONSEQUI	ENCE OF				100	
E 0	R.	rise to immediate couse (a),	(b)	ENCE OF				100	
shauld be executed to ward "pending" is a the Chief Medical burial-transit permit. In any event withir		stoting the <u>underlying couse</u> last.	(-)						
This certificate shauld icate, writing the ward be farwarded ta the C I be used as a burial-tr ar remaval, and in any		PART 2. OTHER SIGNIFICANT CON	OITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART 1(o)	
fical ing rded as as	2							Perge	
This certificate sites, writing the be farwarded to do be used as a bar remaval, and	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION WAS PERF	FOR WHICH OPE	RATION				20. AUTOPSY?
his atte, e for ten	RTIFI								YES NO 🗆
4 _ 0	AL CE	210. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING	21b. TIME OF INJURY Month, D HOUR A.M.				ure of injury in Port 1	or Port 2, Item	18.)
NER cer cer hau iles. sha sha ntiar	MEDICAL	CAUSE OF DEATH	PLACE OF INJURY (At home, form,		1f. LOCATION Stree	robably	City or Town		County Stote
	-		octory, office building, etc.) Wat				ngs Point		
			took chorge of the remoins d					nquiry ,	and in my apinion
ICAL E executor. Page ed far CTOR: Page burial,		deoth resulted from:			Suicide ,				
blCA blease ex directar. etained f DIRECTO			1 1 1			HIEF MEDICAL EXAMIN	'' <u> </u>		
TY, please yy, please retain (AL DIRE prior to		ACTUAL SIGNATURE	VJ T VVII	2		SSISTANT MEDICAL EX		22b. DATE SIG	NED
DEPUTY cessary, e funera may be FUNERAL		EXAMINER'S			DE	EPUTY MEDICAL EXAM		June, 1	, 1969
necessary, the funeral 5 may be 100 FUNERAL Health pri		NAME (Type)	Edward F. Wil		D.	DDRESS(Street, city, t			
10 10 14 He	230		1/60	AME OF CEMETER	1	1-11 1	d. LOCATION (City or To	-	ounty) (Stote)
	21	FUNERAL DIRECTOR	1 1 1 Via	ADDRESS	urel 1x	250. REC'D BY R	FGISTRAR 25h	REGISTRAR'S SIG	
VR A15ME (5)		PARO PUNERI	of I found		PAR CITY	3 3 3 5 5			Judge.

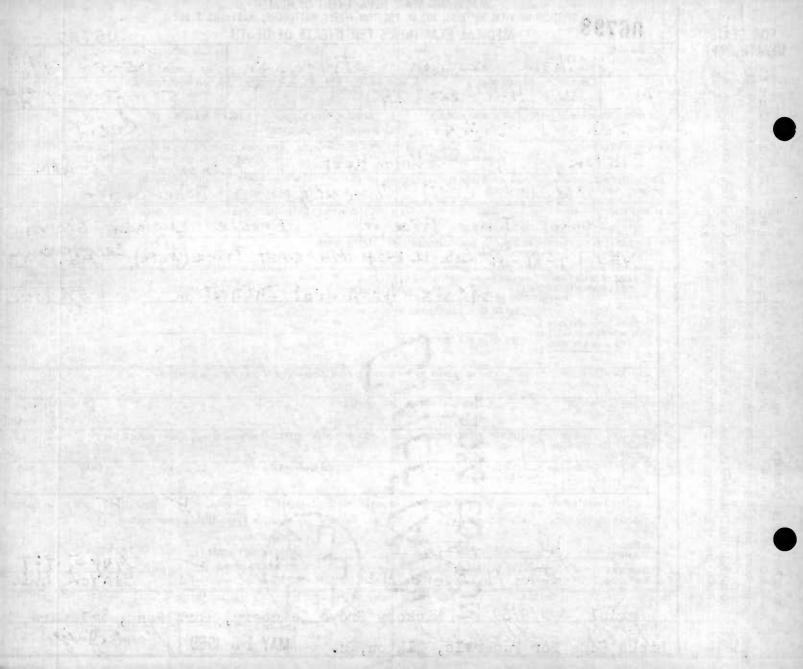


		06	797		CERTIFIC	CATE OF			067	796
		ECEASED-NAME First (ype ar print)		Middle		Last		. DATE OF DEATHManth	Day 1969 Year	2b. HOUR
	3. SE:		ymond.	Willi	.am	MC GRE		May 3		
		Male	W	nite		11-2		6. AGE (In year last bighday)		/EAR IF UNDER 24 HRS. DAYS HOURS MIN.
	7o. B	BIRTHPLACE (Stote or foreign ortry) Penna.	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARE	RIED 9. CO	UNTY OF DEATH		
1	10. C	ITY OR TOWN OF DEATH		. NAME OF HOSPITAL OR II				Cecil CUPATION (Kind of work of	lone Tiph KIN	ID OF BUSINESS OR
3		Perry Point	gir	ve street oddress) VA	Hospit	al	during most of COOK-	working life, even if retir Kitchen Helj	ed.) INDUSTI	RY RY
5	13o. admi:	USUAL RESIDENCE (Where decease ssian) STATE Penna.	d lived if insti	tution: Residence before	13c. CITY OF		3d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBE	R Fishers	Ave
5	14. F	ATHER'S NAME First	Middle	last			IDEN NAME First	Midd		lost
5		Thoma			ec)	Marga		P.	McGarv	
	160. Ye	WAS DECEASED EVER IN U.S. ARM es, na, ar unknawn) (If yes give wo YES WW	FORCES? r or dates of service)	1489CIAL SEURIS	096 17.	NFORMANT		Addre		
	7	Yes WW	II	215+58+38	+15	VA Hosp	ital Reco	ords - Perry		
Ы		 CAUSE OF DEATH (Enter anline PART 1. DEATH WAS CAUSED 	DW						BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH
		IMMEDIA	E CAUSE (a)	Acute pu	Lmonary	edema			S	udden
		4123	DUE TO, O	R AS A CONSEQUENCE OF	Cong	estive	Heart Fa	ilure		
		Canditians, if any, which gave rise to immediate cause (o),	(b)							
		stating the underlying cause		R AS A CONSEQUENCE OF			rioscler	otic		
	-		(c)			rt Dise				
4	- 1	PART 2. OTHER SIGNIFICANT CON	MIUNS CUNIKI	BUTING TO DEATH BUT I	NOT RELATED TO) THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
	CERTIFICATION	19o. DATE OF OPERATION 19b. C	ONDITION FOR V	WHICH OPERATION WAS P	FREORMED	20a. AUTOP	ecy?	20b. IF YES, WERE FINDI	NGS CONSIDERED	IN CERTIEVING
	FFC				att. ottma	YES XX		CAUSES OF DEATH?	NOS CONSIDERED	III CERTII TIIIO
		21a. ACCIDENT WAS UNDERLYING		OF INJURY	21c. H			re of injury in Part 1 ar Pa	ort 2, Item 18.\	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH			19					
	- 1	21d. INJURY OCCURRED 21e.	PLACE OF INJUR			OCATION Street	ar R.F.D. Na.	City ar Town	Caunty	State
	1	at work at wark	hasnital) a	ttended the decease	sed from	May 27	19 68	to Morr 2	1960	Mand 112 - from 2 - L - 4
		22a. I certify that XIX (this xowx to exhibit stronged color causes stated above	(I) (we)	d) (did ngt) view the	bady after	d that in (my death.) (our) apinion	death occurred on th	e dote and h	our ond from the
		22b. SIGNATURE) 11		1				22c. DATE SIGNE	
		1.11	: Da	rua m	DEGR	ATTENDING PHYS.	MED. DIRECTO	OR STAFF	4 Mo	469
		22d. PHYSICIAN'S NAME (Type)	D CA	DOTA M.D.		22e. ADDR			1	1
		0.		RCIA, M.D.				- Perry Po		ryland
1	23a.	BURIAL, CREMATION, 23b. D REMOVAL (Specify)			CEMETERY OR	-		LOCATION (City or Town)	(County)	
1		FUNERAL DIRECTOR LA		11.0.		re (em		iladelphia-	0	. 0
1	24. 1	Lee to Vatters	or o so	n, Perculott	le, I'd.	1111	DAMAY 1 2		RAR'S SIGNATURE	edge.

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FOR STATE		06798	11131011 0				ERTIFICAT				06797	
HEALTH DEPT.		ECEASED-NAME Type or Print)	First	F.	Middle		Lost	4	2a. DATE K	NOWN Manth	30101	2b. HOUR
Oy is 3 to Page	3. 5	VVI	Iliam	DATE OF BIRTH	deniet	AGE (In years	I F UNDER 1 YEAR	E SY	DEATH A	NATED 5	-5- 196	9 A.N
del M3.	3. 3	M	N		25	last birthday)	MONTHS OAYS		ZC. DAIL IK	5 Day	Year 1969	7 4 E
2, 2, 2, epo	7o.	BIRTHPLACE (State or fore try) Del.	ign 7b. 0	TITIZEN OF WHAT	COUNTRY?	8. M	ARRIED NEVER	MARRIED 7	COUNTY OF DEA	TH C	ecil	M
death e Page with fight	10.	TITY OR TOWN OF DEATH		11. NAM		OR INSTITUTION	N (If not in hospit	tal 12a. USU. during m	AL OCCUPATION (K ost of working life			SINESS OR
ofter 8. Give along with the eoth.	13a.	USUAL RESIDENCE (Whendmission) STATE	re deceosed li	ived, if institution	re: Residence b			13d. INSIDE CITY LIMIT	LAOI DILLEGI	AND NUMBER	Ave.	75
t hours Item Office I and 2	14.		rst	Middle		lost Si	1s. MOTHER'S N	MAIDEN NAME Bes:	First	Middle	a Bro	
thin mine pog	16a.	WAS DECEASED EVER IN U.S es, no, or unknown)	ARMED FORCE	ES? DIS-18 10	66. SOCIAL SECUR		17. INFORMANT		=t2 . /		hesapea	
yould be executed word "pending" in the Chief Medical E riol-transit permit. F		18. CAUSE OF DEATH PART I. DEATH W. 4/09 Conditions, if ony, whice rise to immediate coustoing the underlying last. PART 2. OTHER SIGNIFICATION.	AS CAUSED BY: IMMEDIATE C	AUSE (a) DUE TO, OR AS (b) DUE TO, OR AS	S A CONSEQUENCES A CONSEQUENCE	Myo TE OF	Cardia		Pareti 6		APPROXIMAL BETWEEN ONSI	E INTERVAL T AND DEATH
is certificate stre, writing the forwarded to e used as o bur removal, and it	CERTIFICATION	190. DATE OF OPERATIO			Pb. CONDITION F WAS PERFOR	OR WHICH OI		. District on con	SHOW OF THE RE	ART I(U)	20. AUTOPS	
INER: This e certificate, should be fa files. 3 should be used the continuous or remotion, or re	MEDICAL CERT	21a. EXTERNAL CAUSE W PRIMARY OR CONTRI CAUSE OF DEATH		21b. TIME OF IN. HOUR A.M. P.M.	JURY Month, Day	, Year	21c. HOW INJURY	OCCURRED (Enter	nature of injury in	Port 1 or Part 2,		
XAMINER the cerring of a shoul your files. Poge 3 shoul cremotion cremotion	MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK		OF INJURY (At office building,		eet,	21f. LOCATION Stre	et ar R.F.D. Na.	City or	Town	County	Stote
EPUTY DICAL ESSORY, please exect funeral director. Po by be retoined for INERAL DIRECTOR:			that I took	loturol couses	Acci	dent [],	M.D. A	Homicide HIEF MEDICAL EX. SSISTANT MEDICA DEPUTY MEDICAL E	AMINER L EXAMINER	mined monne	ond in r	ny opinion
TO D the 5 m TO FU	230	BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DAT		23c. NAM		Y OR CREMATORY	Comob	23d. LOCATION (C		, ,,	(State)
	24.	FUNDAL DIRECTOR	2/9	Alia la		DDRESS	Grove (2Sa. REC'D B	Y REGISTRAR	Penn 2Sb. REGISTRAR	De lawa SSIGNATURE	re
VR A15ME (5) 10M REV, 1/68	I	licks Home	for	Funera	IIS. E	lkton	. Md.	MAY 1	5 1969	fues	Park on	



3	1	1	06799 DIVIS	SION OF VITAL RECORDS, 301		ET, BALTIMORE,		
				CER	TIFICATE OF D	EATH		06798
	death.	1.	DECEASED-NAME First (Type or print) EDDIE	RAINEY	Lost	20. DA	MPATY LOY	1969 5:30 M
	the fur softes	3.	Male 4. RA	Neg r o	S. DATE OF BIRT	6	6. AGE (In years last birthday)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	4 hours I in by ters. Pa 72 haurs				ARRIED X NEVER MARRIE		TY OF DEATH	ecil Md
	vithin 24 ha Ily filled in Ion papers. Within 72 h	46.	CITY OR TOWN OF DEATH erry Point	11. NAME OF HOSPITAL OR INSTITUT	ION (If not in haspital int, Md		ATION (Kind of work done trking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	complete ove carb	13	IJSIJAL PESIDENCE (Where deceased lived	, if institution: Residence befare 13c.	CITY OR TOWN 13d		3e. STREET AND NUMBER 670 S. Fremon	t Avenue
	and of the second	14	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAID	EN NAME First	Middle	Last
	be example of and and lin an	7	Unknown		Un	known		
	hysiciar n pleas	16	a. WAS DECEASED EVER IN U.S. ARMED FORM Yes, na, or unknown) Yes WW		17. INFORMANT VAH. Per	ry Point,	Address Md. Records	
< ,	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages—and should be filed with the State Dept. af Health prior ta burial, crematian, or removal, and in any event, within 72 haurs after death		Conditions, if any, which gove nise to immediate couse (a), stating the underlying cause DU last. PART 2. OTHER SIGNIFICANT CONDITIONS	IE TO, OR AS A CONSEQUENCE OF (b) IE TO, OR AS A CONSEQUENCE OF (c)	LATED TO THE TERMINAL D	SISEASE ORCONDITION	I GIVEN IN PART I(a)	
	the law ratending has been se as the h prior ta	CEDTIELCATION	196. DATE OF OPERATION 196. CONDITIO	ON FOR WHICH OPERATION WAS PERFORM	AED 20a. AUTOPS		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
	the haspital ar this certificate detached far us e Dept. af Healt	MEDICAL CEP	OR CONTRIBUTING CAUSE OF DEATH	Ib. TIME OF INJURY IOUR A.M. Month Doy Yeor P.M. 19			of injury in Port 1 or Part 2, It	tem 18.)
	he has this cer detacher Dept.	WE	While Nat while at work	F INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.			City ar Tawn	County State
	OR ATTENDING PHYSICIAN: The law be retained by the haspital ar attendin DIRECTOR: After this certificate has beenge 3 should be detached far use as the led with the State Dept. af Health prior t		22a. I certify that () (this hasp	oital) attended the deceased from 5-4- 19-69 we) (did) (did satt view the bady	om <u>10-8</u> 2, and that in (科科 after death.	, 1968 , to (aur) opinian de	a5 <u>-4</u> , 19_ eath accurred an the dat	69 , that (10) (we) last te and haur and fram the
	OR AT be reta DIRECTO	1	22b. SIGNATURE forguin	R. Gencia	ATTENDING PHYS.	MED. DIRECTOR	STAFF 22c. C	ATE SIGNED
	O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page should be filed			RCIA, M.D.		Perry F	Point, Md.	
	TO HOS Page A direct		BURIAL REMATION, REMOVAL (Specify) 23b. DATE	169 NATIONAL	BALT & MU	re BA	-11 -1	(Caunty) (State)
	VR A15 (4)	0	FUNERAL DIRECTOR	ADDRESS		Sa. REC'D BY REGIST		SIGNATURE COLORER
	30M REV. 1768	36 9	.B.JOHNSON 1900	D Eutaw Pl. Balt	O. Ma.	DATE MAY	I DOUGH	0

THE ENGLISH SETTEMPTS OF PROPERTY SETTINGS. 13 In Section Cold in THE PARTY OF THE P Cher Re grade at the control of the control of the control of

1		06800	DIVISION OF VITAL RECORD	S, 301 W. F				067	99
death.			Middle MAN H. SAWECKE		Lost	20	DATE OF DEATH Month 7	196§eor	2b. HOUR. 2:30
by the funeral Pages and ours after deat	3. 5	Male	4. RACE White		5. DATE OF BII	rth 7-86	6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
n 24 hour illed in by papers. P nin 72 hou	7o. cou	BIRTHPLACE (Stote or foreign ntry) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED	NEVER MAR	RIED 3 9. CO	OUNTY OF DEATH	Cecil	M
ate be executed within 24 cian and completely filled ease remove carbon paper and in one event, within 7	10. Pe	city or town of death	11. NAME OF HOSPITAL OR give street oddress) VA Hospits	1		120. USUAL OCC during most of Guar	CUPATION (Kind of work done working life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
ecuted complet ove cor	odm	ission) STATE MD	sed lived, if institution: Residence before before the county	re 13c. CITY OF Balts		YES NO	13e. STREET AND NUMBER 323 Collin	ngton Av	enue
ofe be executed vicin and and in on event		FATHER'S NAME First George Saweck			Marga	NDEN NAME First ret Lenen	Middle iduski		Lost
physicia physicia en plea oval, an	160	WAS DECEASED EVER IN U.S. ARM (es, no, or unknown) (If yes give w	MED FORCES? War or dates of service) 16b. SOCIAL SECURI 412 28 2		INFORMANT VAH Re	ecords	VAH, Perry Po		
it the death or the ottending isit permit. The mation, or rem		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE (b) Carcinom DUE TO, OR AS A CONSEQUENCE (c)	neumoni OF a of pr	ostate	w/wides	pread metast	BETWEEN OI	MATE INTERVAL NSET ANO DEATH
LO HOSPITAL OK ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept.	CERTIFICATION	Arteriosc	NOTIONS CONTRIBUTING TO DEATH BUT CONDITION FOR WHICH OPERATION WAS	y arter PERFORMED	y dise 20o. AUTOR YES	ASE PSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	es	ERTIFYING
efained by the hospitol or CTOR. After this certificate should be detached for uith the State Dept. of Heol	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH	TH HOUR A.M. Month Doy Ye	or 19			re of injury in Port 1 or Port 2, City or Town	County	Stote
DIRECTOR: After this ge 3 should be defocted with the State Dep			nis haspital) attended the decer slive on 5-7- e, (X) (we) (did) (did not) view th	osed from 19 <u>69</u> , on ne body after	10-4- d thot in (科) death.	– , 19 <u>65</u> /) (our) opinian	to	69 , that ate and hour o	(A) (we) las
Poge 4 moy be retained 4 poge 4 moy be retained 5 FUNERAL DIRECTOR: A director, poge 3 should should be filed with the		22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) A.		.D. DEGI	22e. ADDR	DIRECTO RESS	STAFF 22c.	DATE SIGNED 5-8-69	
TO HOSPITAL Poge 4 moy TO FUNERAL director, po		BURIAD CREMATION, 23b. II	DATE 12/69 231. NAME (of CEMETERY OR	DEMATORY	nef 23d	DCATION Kity grigwn)	(Coynty) (Cont)	ald W
VR A15 744 45M - 150		uneral director	n, Havre de Gra	ce, Mag		DAMAY 1 2		SIGNATURE	pe :

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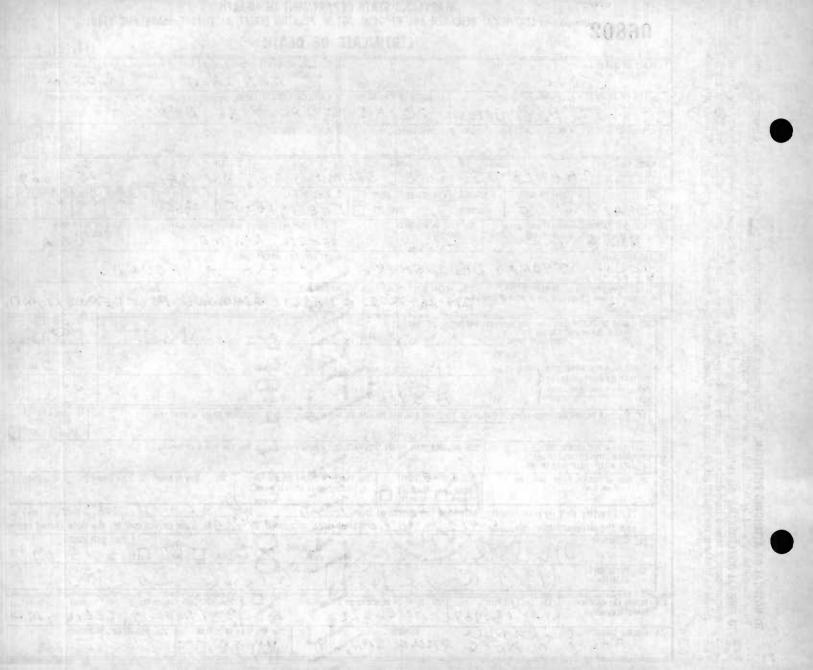
FOR STATE		06801	DIVISION					, BALTIMORE, I		ND 21201		068	300	
HEALTH DEPT.	1.0	ECEASED-NAME	First	MLDI		ddle	CLKIIII	lost		a. DATE KNOWN	Month	Doy		2b. HOUR
		Type ar Print)	JOHN			EDWI	M	SCOBY	2	OF ESTI-		,		
Pag 4	3. S	EX 4	I. RACE	S. DATE OF B	IRTH	6. AGE (In year			4 HRS. 2	C. DATE PRONOUN		21,		2:004 2d. HOUR
delay and 3 M3. Pag		Male	White	1		last birthday)	MONTHS RS.	DAYS HOURS	MIN	Month Man	Day	Year		2:00M
any delay is 2, and 3 ta PM3. Page	7a.	BIRTHPLACE (State	or foreign 7	b. CITIZEN OF W	HAT COUNTRY?			VER MARRIED	9. COUNT	Y OF DEATH	21	•	1909 12	2 . O UW
orm, arm, e De	caur	try) Michigar		U.S.A.		Carrier St. 141	IDOWED [DIVORCED		Ceci1				Md.
ath age th f	10. 0	ITY OR TOWN OF	DEATH	11.	NAME OF HOSPIT	AL OR INSTITUTI	ON (If nat in		SUAL OCCU	PATION (Kind of	wark done	12b. KIND		
hours after death any delay is ten 18. Give Pages 1, 2, and 3 to Office alging with farm PM3. Page and 2 with the State Department of officer death.		E1kton		R	street address)	ox 106		during	most of w	orking life, even	if retired.)	INDUSTRY	erino	,
alding death.	130.	USUAL RESIDENCE	(Where deceose	d lived, if insti	tution: Residence	e before 13c. Cl	TY OR TOWN	13d. INSIDE CITY L	IMITS? 13	3e. STREET AND N	UMBER			
18 de de de		dmission) STATE					kton	YES N	0 🗆	Rd. 1, 1	30x 10	6		
	14. [ATHER'S NAME	First	Middl	le	Lost	IS. MOTHE	R'S MAIDEN NAME	First		Middle		Last	
	2/-	WAS DECEASED EVER	harles	S.	7	Scoby			Mildr			Ne	lson	
ed within 24 in pencil in 1 Examiner's Examiner's in 72 haurs	16a. (Y	es, no, ar unknawn) (If yes give w	OKCES? var or dates of service)	16b. SOCIAL SE		17. INFORMA	V	.D.1					
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uld be executed within rard "pending" in pencil in Chief Medical Examine al-transit permit. File pagany event within 72 hau	-	PART 1. DEA	DEATH (Enter anly ATH WAS CAUSED	BY:	Shote	and (c).)	3 0 1					BETW	EEN ONSET AN	D OFATH
be execute 'pending'' ief Medical insit permit	13	955	IMMEDIAT	TE CAUSE (o)	R AS A CONSEQU	un woun	d of h	ead						
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INER: This certificate shauld be executed within 24 e certificate, writing the ward "pending" in pencil in shauld be forwarded to the Chief Medical Examiner's files. 3 shauld be used as a burial-transit permit. File pages or remayal, and in any event within 72 haurs	1	PART 2. OTHER SIG	GNIFICANT CONDIT	TIONS CONTRIBU	TING TO DEATH	BUT NOT RELATE	D TO THE TER	MINAL DISEASE OR C	ONDITION	GIVEN IN PART 1(0)			
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NER Shau Files Shou atio	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCU			(At home, form,			inflicted Street or R.F.D. No.		City or Town	ind to	County		Stote
		WHILE NOT AT WORK AT		ary, office buildi Home	ng, etc.)	311661,		Box 106		Elkotr	10.11	Ceci		M.D.
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o DEPUTY necessary, p the funeral 5 may be re 0 FUNERAL Health, pria		NAME (Type)	Rona1d	N. Ko	rnblu,M	.D.		ADDRESS(Street,	city, tawn	, ar county)				
10 TO TO He	230	BURIAL, CREMATION REMOVAL (Specify		DATE	23c. N	IAME OF CEMETE	RY OR CREMA	TORY	23d. 10	OCATION (City or	Town)	(County)	(Stat	e)
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VD A15AAE /51		FUNERAL DIRECTOR	12 11.	5 4	dis	ADDRESS		25o. REC'D			REGISTRAR'S	SIGNATURE	del	
VR A15ME (5) 10M REV 1/68	Hi	cks Home	for Fu	nerals.	Elktor	Md.	1921	DATE	26	1969	- Comeste	J. Can	0	

MARYLAND STATE DEPARTMENT OF HEALTH

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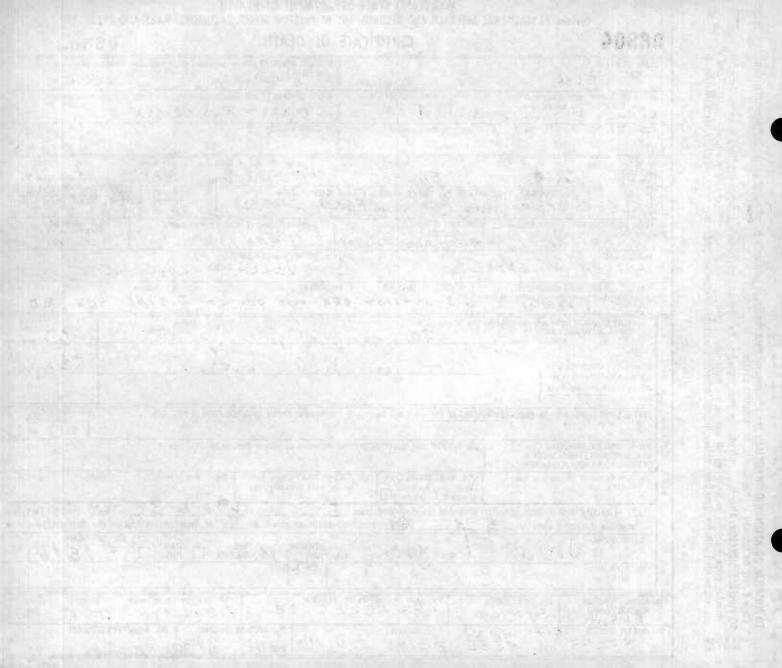
06802 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. be executed within 24 hours ofter death funeral I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY ECIL MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest tawn) RURAL- PORT DEPOSIT completely filled in b e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS - iadod YES NO within 3. NAME OF Middle 4. DATE Manth please remove carbon Last Dov Year DECEASED CHARLOTTE SIMMONS 19 6 9 DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED DE NEVER MARRIED last birthdoy) Manths WHITE FEB. 11, 1893 DIVORCED | WIDOWED 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY ? during most of working life, even if retired) INDUSTRY CECIL CO, MD. HOME requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal. THOMAS DEVONSHIRE A, FOUNDS CLARA 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates af service) 214-26 16. SOCIAL SECURITY NO. 17. INFORMANT permit. GILESLIE SIMMONS, PORTDEPOSIT, MO. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave rise to immediate cause (o). DUF TO stating the underlying cause Page 4 moy be retained by the hospital or ottending Heolth prior to os the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS this certificate has PERFORMED? for use NO 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port | or Port || of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER poge 3 should be detoche e filed with the Stote Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Manth. Day, Year Nat While factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram 1-15 196 1. to 5 -14 1962, and that death accurred at 2,95 AM, fram causes and an the date stated above. saw the deceased alive an_ 5-14 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, I should be 23d. LOCATION (City or Town) 236 BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. DATE THEREOF (County) HOPEWELL PORT DEPOSIT. CECIL 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Palek VR A15 (4) 20 M 1/66 M. REED RISING SON, MO

MARYLAND STATE DEPARTMENT OF HEALTH



	_	1	106803 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
>	FOR STATE	It	em#5, FilmG413 6/2/MEDIGAL EXAMINER'S CERTIFICATE OF DEATH	06802
	HEALTH DEPT.	1. D	ECEASED-NAME First Middle Lost 2a. DATE KNOWN Month	Day Yeor 2b. HOUR 23 19 69 2:40
	And 3 to PM3. Poge	3. S	EX 4. RACE S. DATE-OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD lost birthdoy) MONTHS DAYS HOURS MIN. Month	Year 19 M
4	Deport PM	70.	ale Cauc. 1/4 April 1947 22 YRS. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH U. S. A. WIDOWED DIVORCED Cecil	19 M
	deoth with our store	10. (ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	This certificate should be executed within 24 hours after death cote, writing the word "pending" in pencil in Item 18. Give Pages be forworded to the Chief Medical Exominer's Office along with the forworded as a burial-transit permit. File pages land 2 with the State or removal, and in any event within 72 hours after death	13a.	ainbridge Station Dispensary, NTC Navy USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN dmission) STATE Indiana 188 COUNTVanderburg Evansville YES X NO 1216 South Linu	U. S. Navy
	4 hours I frem 1 s Office 1 and 2 s after		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Horace Henry SMITH Unknown	Lost
	within 24 pencil in xominer's ile poges 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) 5 mos 2 days 12-81-47-61 17. INFORMANT ADDRESS Official Navy Records	
	ed w in F in Exe it. Fill		1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ding ding ledice	1	IMMEDIATE CAUSE (a) MULTIPLE SEVERE INJURIES	40 minutes
	pe ey ief N ief N nsit I	8	Conditions, if any, which gave (b) AUTOMOBILE ACCIDENT	
	s certificate should be executed within 24 hours after e, writing the word "pending" in pencil in Item 18. Give forworded to the Chief Medical Exominer's Office along b used as a burial-transit permit. File pages I and 2 with the emoval, and in any event within 72 hours after death		rise to immediate cause (a), stating the underlying cause last.	
19	ficote sho ting the w rded to th as a buri al, ond in	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
10	INER: This certific e certificate, writin should be forward files. 3 should be used a should be used as should	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO X
	INER: Thi e certificat should be files. 3 should be	AL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Iten	
	ICAL EXAMINER: TI execute the certification. Page 4 should by ad for your files. CTOR: Page 3 should I burial, cremation, or	MEDICAL	CAUSE OF DEATH DOOD Box May 231969 Occupant of automobile that ran o 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.) 21f. LOCATION Street at R.F.D. No. City or Town	Caunty State
	EXA age age age. Pog. Pog.		AT WORK AT WORK Highway Route #222 2.2 miles North of Port Deposit,	
	necessory, please execute the certificate, the functal director. Page 4 should be fo 5 may be retained for your files. C FUNERAL DIRECTOR: Page 3 should be un Health prior to burial, cremation, or rem		22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspectian X , Inquiry X , death resulted fram: Natural causes, Accident X , Suicide, Hamicide, Undetermined manner	, ,
	EPUTY DICA sssory, pleose et thueral director by be retoined on the prior to bu		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SI	
	necessory, the funera 5 moy be 10 FUNERAL Health pri		EXAMINER'S DEPUTY MEDICAL EXAMINER X 5/23 NAME (Type) JOHN M. BYERS, M.D ADDRESS(Street, city, town, or county) Elkton	Maryland
	TO D the 5 m TO FL	230 B	EIR COI	(Caunty) (State)
	VR A15ME (5) 10M REV. 1/68	24.	FUNERAL DIRECTOR Cauld Could ADDRESS rant Funeral Home North East, Md. DAT MAY 2 6 1969 25b. PEOLIPARS	

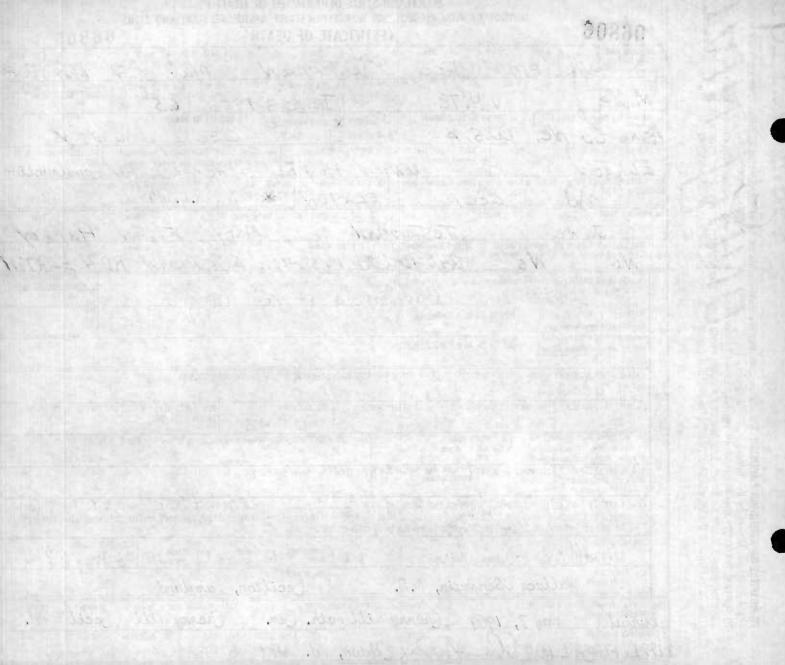
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7	1			301 W. PRESTON STREET, BALTIA		
		06805		CERTIFICATE OF DEATH		0000
٠				Lost	20. DATE OF DEATH	6804 2b. HOUR
death. neral and 2 death.	(ECEASED-NAME Type or print) Alice	ce Perkins	Terrell	Month Dgy	- 69 4:00 R
cours after death by the funeral Pages 1 and	3. SI	Female	4. RACE White	S. DATE OF BIRTH Oct. 15, 1881	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. ADDITIS DAYS HOURS MIN
4 haurs Lin. by the	7a.	BIRTHPLACE (State or foreign McLetton, Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	B. MARRIED NEVER MARRIED 9	County of DEATH Cecil	Md
within 24 ho sely filled in soon popper.	1D. (Elkton	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital Hospital during mos	OCCUPATION (Kind of work done style of working life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY, at home
executed within 24 haurs after death dompletely filled in by the funeral smave carbon pages. Pages 1 and 2 any event, within 72 hours after death	13a. adm	USUAL RESIDENCE (Where decease issian) STATE	ad lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIM Eleton YES NO	13e. STREET AND NUMBER	
	14. 1	ATHER'S NAME First John	Middle Last Penk	IS. MOTHER'S MAIDEN NAME FIR	st Middle	Roberts
		was deceased ever in u.s. armi es, na, ar unknawn) (If yes give wa	ED FORCES? 16b. SOCIAL SECURITY 216-05-684		Jr. Manhassett 1	
eath certific anding phys nit. Then p ar remaval,		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c). BY: TE CAUSE (a) Crehra	, / /	nhosis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the d an. by the atte transit pern crematian,		Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF			Years
0		rise to immediate cause (a). stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
v requires ong physici en signed he burial.	z	PART 2. OTHER SIGNIFICANT CONI	DITIONS <u>CONTRIBUTING TO DEATH</u> BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
IAN: The law requires th tidl or attending physician ifficate has been signed by for use as the burial-trait Health priar ta burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 2Da. AUTOPSY? YES \(\sum \) NO \(\sum \)	2Db. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
PHYSICIAN: The law rather he haspital or attending this certificate has been elacthed for use as the been. Dept. af Health priar ta	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examina	HOUR A.M. Month Day Year		nature of injury in Part 1 ar Part 2, Ite	m 1B.)
JING PHYSIC by the haspit ffter this certi be detached State Dept. of	ME		PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		City or Town	Caunty State
		22a. I certify that (I) (this saw the deceased ali	s hospitol) ottended the deceose ive on	ed from 4-6-, 1969 969, and thot in (my) (our) opin bady after death.	on death occurred on the dote	5_, thot (I) (we) lost and haur and from the
OR ATTER De retaine UIRECTOR: e 3 shault		22b. SIGNATURA	- Les		22c. DA	TE SIGNED
A - 2 0 = /		22d. PHYSICIAN'S NAME (Type)	Johns	22e. ADDRESS	1 - 1	ton, md.
TO HOSPIT. Page 4 mc TO FUNERA director, p	1		28-69 Elktor	CEMETERY OR CREMATORY Cemetery	C	(County) (State)
VR A15 (4) 45M - 1/69		FUNERAL DIRECTOR PIN FUNERAL HOL	NE Shouth Der	Elkton, Md. Off N	2 1969 Clearly	

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	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	16806 CERTIFICATE OF DEATH	06805
#2-#	ASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
after deat	e or print) WILLIAM LEE TESTERMAN May Month	1969 510PM
= 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1	4. RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
urs afte Rages Purs afte	Place WHITE June 3 1903 GS VR	MONTHS DAYS HOURS MIN.
aurs By By	THPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
d in pers	he CO. NC, U.S.A WIDOWED DIVORCED CECIL CO.	UNTY Md
exectives within 24 haurs after death and campletely filled in by the funeral remove carban papers. Rages Land in any event, within 72 haurs after death	OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired	12b. KIND OF BUSINESS OR
with with ban with	LX LOW WINN HOSPILL GENERAL LAN	(onstruction
LV ent of et	UAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
e xerched and cample amove ca		
and and rem	HER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
be be see see see see see see see see se	Jake Testerman Mary Flicon	Hurley
requires that the death certificate be g physician. I signed by the attending physician at burial-transit permit. Then please rabburial, crematian, ar remaval, and in	AS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address no. of unknown) (If yes give wegfor dates of service)	DOFIL FILE I
he death certific e attending phys permit. Then p ian, ar remaval,	NO NO 240-182388 MICS: ALLIE E. JESTERMAN I	SU4 ELKION
ing emi	CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEFN DNSET AND DEATH
leat end mit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caveinoma of Left lung.	
att att ian,	DUE TO, OR AS A CONSEQUENCE OF	
the the math	anditions, if any, which gove (b). (b).	
the lan.	oting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
quires that the physician. signed by the burial-transit burial, cremati	st. (c)	
sig ph	ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ding ding	1 0 0 000	CONCIDENCE IN CENTIFYING
as the price	o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS VES NO (Auses of Death?)	S CONSIDERED IN CERTIFYING
althe by a see by a s	o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port	0.34303
In all all all all all all all all all al	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor	Z, ITEM 18.)
SSPit Sspit Sspit Sertioned T. af	either, notify medical examiner) P.M. 19 1d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 1) 21f. LOCATION Street or R.F.D. No. City or Town	County State
PHY e ho nis o	Id. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town work of work	County state
the de de de de	work of work 10/(this hospital) attended the desperad from 1 7000 10 69 to 4 MW	10 64 that (1) (wa) tag
Afte Afte Stees	20. I certify that (11) (this hospital) attended the deceased from 1967, and that in (my) (our) opinion death occurred on the	dote and hour and from the
OR: aulc	couses stoted obove, (I) (**e) (did) (dia fiot) view the body ofter deoth.	
E S E E	25 SIGNATURE ATTENDING MED. STAFF 27	2c. DATE SIGNED
Dir be	DEGREE PHYS. DIRECTOR PHYS.	6 my 69
TAL AL Page Pige	d. PHYSICIAN'S NAME (Type) Wallace Obenshain, M.D. 22e. ADDRESS (ecilton, Maryland	
SPI 4 n her, hid ti		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundal director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Rages Land 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death.	URIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION (Gity or Town) (herry Hill Neth. (em. (herry Hill	(County) (State)
5-5	EMOVAL (Specify) May 7, 1969 Cherry Hill Neth. Cem. Cherry Hill NETAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRA ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR	0
VR Ats M		red yearings.
45M - 1/69	IN FUNERAL HOME Skund he Elkton, Md. MAY 8 1969 June	Call Hospital



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	22 m		0680	7				CATE OF D		OKE, MAI	CILAND 21	201	0680	
	= = = =		ECEASED-NAME Type or print)	First		Middle		Last	5.00	2a. DATE OF				2b. HOUR
1	death and 2 and 2 death			Ella		Nora	Thoma			May	Month		6 gear	5:14
	s after	3. \$	Fem	ale	4. RACE	Thite		5. DATE OF BIRT 3/30,	/1881		6. AGE (In ye last birthda	ears y) YRS.	IF UNDER 1 YEAR MONTHS CLAYS	HOURS MIN.
0	4 hour d in b sers. P 72 has	7o.	BIRTHPLACE (Stote ntry)	or fareign	7b. CITIZEN OF V	ICA	WIDOWED	NEVER MARRI		COUNTY OF				hM
	be executed within 24 hours after death and completely filled in by the funeral e remove corbon popers. Pages 1 and 2 in any event, within 72 hab s after death	1	CITY OR TOWN OF	Sun	U.S	NAME OF HOSPITAL Construction of the street address of the street	lanor Iv	ursing	during most	g working		etired.)	12b. KIND OF E INDUSTRY	USINESS OR
	comple ove co	adm	issian) STATE	Md.	18b. COUNTY	Kent	Roc	k Hall			REET AND NUM	IBER		
	be ex n and se rem d in an	14.	FATHER'S NAME Will	iam Ca	Middle rter	La	st	S. MOTHER'S MAID	DEN NAME First		M	iddle Can	non	Lost
	rtificate physicia en pleas oval, an	16a	. WAS DECEASED E Yes, no, or unknown NO	1) (If yes give war	D FORCES? or dates of service)	16b. SOCIAL SECUI 214-36	12.77	INFORMANT Calver	t Mano			hen,	Md.,	
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hc Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in director, page 3 shauld be detached for use as the burial-tronsit permit. Then please remove corbon papers, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h		18. CAUSE OF D PART I. DEA Conditions, if on rise to immedic	γ, which gave	BY: E CAUSE (a) DUE TO, OR (b)	AS A CONSEQUENCE	OF	Jne	mia				APPROXIM BETWEEN DN	ATE INTERVAL ISET AND DEATH
75	The low requires the attending physician. hos been signed by se as the burial-tror the prior to burial, cre	NO	last.)	(c)	UTING TO DEATH B	JT NOT RELATED 1	O THE TERMINAL E	DISEASE OR CONI		I IN PART I(a)			
1/2	The lover aftend a hos be use as the lith prior	CERTIFICATION	19a. DATE OF OPE			HICH OPERATION WA		YES	NO X	20b. IF CAUSES	OF DEATH?		NSIDERED IN CEI	RTIFYING
	SICIAN: spital o ertificote ed for	MEDICAL CI	(If either, notify	CAUSE OF DEATH	r) HOUR A.M. P.M.	Month Day	fear 19	IOW INJURY OCCUR		ature of injur	y in Port 1 or	Port 2, It	em 18.)	
	S PHY the hor this ce detach e Dept	N	21d. INJURY OCC While Nat w at work at we	hile 🔲	LACE OF INJURY	DEFICE BUILDING, ETC.	A 95				or Town		County	Stote
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to		couses s	that (I) (this deceased aliv tated above,	hospital) ott ve an(I) (we) (did)	(did not) view	eased from 1922, ar the body ofter	d that in (my) death.	, 19 <u>&</u> (our) apinio	, toc on death a	ccurred on	, 19_0 the dat	o, thot e ond hour o	(I) (we) lost and fram the
	oge 3 sh		22b. SIGNATURE 22d. PHYSICIAN'S	On	nDR=	Ele	DEG	REE ATTENDING PHYS.		CTOR	STAFF PHYS.		ATE SIGNED - 26 - 69	9
	ro Hospital Page 4 may O FUNERAL C director, pog	00	NAME (Type			J	D 3	Ris	sing S	un, 1		2191		
	TO HO Page TO FU direct		BURIAL, CREMATION REMOVAL (Specify		4/28	We	OF CEMETERY OF	CHAR	eL	Rock		144	(County)	(State)
	VR A15 (4)	24.	FUNERAL DIRECTOR	iR, Ra	ne = Cl	lurch Id	iee }	2 /	Sa. REC'D BY R	4 196	25b. REGI		IGNATURE	2

TX	06808	DIVISION OF		W. PRESTON STREET, BALTII TIFICATE OF DEATH	MORE, MARYLAND 21201	0.000
- 2-	1. DECEASED-NAME	First	Middle	Lost	C. DATE OF DEATH	06807
death and death	(Type ar print)	Grover	C.	THOMAS	20. DATE OF DEATH Doy 3	1969 12:40 M
rs after death. the funeral and 2 rs ofter death.	3. SEX Male	4. RACE Whi	te	S. DATE OF BIRTH 3-14-92	6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
hau in by irs. I hau	7a. BIRTHPLACE (State or country) Maryland		1117	RRIED NEVER MARRIED 9	County of DEATH Cecil	Md
completely filled in b ave carbon papers.	10. CITY OR TOWN OF DEA Perry I	TH 11. NA	AME OF HOSPITAL OR INSTITUTION (Street oddress) VA Hos	during mos	OCCUPATION (Kind of work done st of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Carpentry
ician and completely ficials and in any event, with	13o. USUAL RESIDENCE (Woodmission) STATE Maj	here deceosed lived, if institution		ITY OR TOWN 13d. INSIDE CITY LIM	ITS? 13e. STREET AND NUMBER	DI
and in any		irst Middle	Lost	15. MOTHER'S MAIDEN NAME Fir	st Middle	Lost
d se d		as Thomas		Hester		Sales College
	16o. WAS DECEASED EVER Yes, na, or unknawn)	IN U.S. ARMED FORCES? (If yes give war or dates of service) WW T	16b. SOCIAL SECURITY NO. 160-16-40-68	VA Hospital	Address Records - Perry F	Point. Md.
orgined by the distributing physical burial-transit permit. Then plantal, crematian, or remaval,		H (Enter anly one couse per lin				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or re	PART I. DEATH	MAC CALICED DV	Bronchogenic	Carcinoma		6 months
permit.	1621	DUE TO, OR A	S A CONSEQUENCE OF		III SASSINE IN LANG.	
burial, cremati	Conditions, if ony, w	(hich gave)				
cren	stoting the underly		S A CONSEQUENCE OF			
rial,	last.) (c)				
ng r	PART 2. OTHER SIGN	IFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(0)	
Di inid	19a. DATE OF OPERATION	ON TIPE CONDITION FOR WHI	ICH OPERATION WAS PERFORM	ED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDEDED IN CEDILEVING
2	190. DATE OF OPERATION OF STREET OF		ALL OF ENAMED IN THE PROPERTY OF THE PROPERTY	YES NO X	CAUSES OF DEATH?	NSIDERED IN CERTIFIING
			INJURY		noture of injury in Part 1 ar Port 2. It	em 18.)
	GR CONTRIBUTING [Month Day Year			
	21d. INJURY OCCURR While Not while of work of work	FD 21e. PLACE OF INJURY A		21f. LDCATION Street or R.F.D. No.	City or Town	County State
State Dept. of Health	22a. I certify th	at (this haspital) atte	ended the deceased fro	m 11-22-66, 19	, to5_3_69, 19	, that dickwelded
shauld be filed with the State Dept. af Healt	causes stat	coxed adivexouxxxxxx ed abave, (I) (we) (did) ((did nat) view the bady	_, and that in (my) (aur) apin after death.	ian death accurred an the dat	e and haur and fram the
¥ /	22b. SIGNATURE				221. D.	ATE SIGNED
ed ?	Est	Egar E. Fo	sek in thi		D. STAFF PHYS.	5-3-69
ממ	22d. PHYSICIAN'S NAME (Type)	EDGAR E. FOLK	, M.D.	22e. ADDRESS VA Hos	spital - Perry Po	int, Md.
haul	230. BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMELE		23d. LDCATIDN (City on Town)	(County) / (Stote) /
	REMOVAD (Specify) 24. FUNERAL DIRECTOR	13-6-6	ADDRESS	on Sem 250. REC'D BY	Freeland, REGISTRAR 25b. REGISTRAR'S S	DATO, IVId.
15 4	- Crace Director	(hitan Tour)	1//	WAY		G. C.

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		DIVISION OF VITAL RECORDS 201 W ROCTON COURTS DATAMONE MADVIAND COOK							
1		06809	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
Y	200			CERTIFICATE OF DEATI		06808			
	€ 55€	1. DECEASED-NAME First (Type or print)	Middle	1 los	2a. DATE OF DEATH	Day Year 2b. HOUR -			
	de de de	(Type or print) BEDE	N	WILWIAMS	3 Manth	20 - 69 3-AM			
	a	3. SEX 4. I	ACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.			
	S a t a	+ .	N	5-30	- 25 lost birthday)	YRS. DAYS HOURS MIN.			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70. BIRTHPLACE (Stote or foreign 7b. Cl	FIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	IKS.			
	A Det	(QCONY)	d. USA	WIDOWED DIVORCED	topiel				
	P P P U	10. CITY OR TOWN OF DEATH	1) NAME OF HOSPITAL OF I	NSTITUTION /If not in baseital 120.1	JSUAL OCCUPATION (Kind of work do	one 12b. KIND OF BUSINESS OR			
	requires that the death certificate be executed within g physician. signed by the attending physician and campletely fill be burial-transit permit. Then please remaye carbon pose burial, crematian, ar remayal, and in any event, within a burial, crematian, ar remayal,	Elklon	give street address)	nier Hosp, dwing	mast of warking life even if retire	d.) INDUSTRY			
	ed v	13a. USUAL RESIDENCE (Where deceased live	d, if institution: Residence before	130 CITY OR TOWN 13d. INSIDE C	ITY LIMITS? 13e. STREET AND NUMBER	1 11			
	cute we were	odmission) STATE Mac. 138	COUNTY Cecil	Port Ogsosit YES	NO 190 N. M	am screet.			
	d c	14. FATHER'S NAME First	Middle 🕜 Last	IS. MOTHER'S MAIDEN NAM	NE Eirst Middl				
	equires that the death certificate be executed with physician. signed by the attending physician and campletely butial-transit permit. Then please remave carbor burial, crematian, ar remaval, and in any event, wi	blichard.	11 Dors	15. MOTHER'S MAIDEN NAM	Bosin P	Thomas.			
	rian ease and	16a. WAS DECLASED EVER IN U.S. ARMED FOI	RCES? 16b. SOCIAL SECURIT		Addres				
	ifice nysia nysia al,	Yes, na, transport of the Yes give war or date	217-20-6	113 the otal 1	Leonale City	had			
	ph hen nav	10 CAUSE OF DEATH (Fater only one		112 176 3/1141 10	conf (1 a Fr)	APPROXIMATE INTERVAL			
	ding ren	18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	touse per line for (a), (b), and (Canal Fri	Pula	BETWEEN ONSET AND OFATH			
	attendi permit. ian, ar r	IMMEDIATE CAU	()	Tomac see	and.	5 agys			
	he at peu	Canditians, if any, which gave)	UE TO, OR AS A CONSTOLIENCE O	TARE OF U. A	7:				
	at the the nsit p	rise ta immediate cause (a).	(b)	way wenga	racion				
	physician physician signed by the burial-transit burial, cremat	stoting the underlying couse D	UE TO, OR AS A CONSEQUENCE	1 2 min 10 0	Cotting				
	res /sici ned ial-	last.	(c) small	Lower of	connector				
	4: The law requires the ar attending physician. The has been signed by use as the burial-transatth priar ta burial, creatth priar ta burial, creatth priar ta burial, creatth priar ta burial, creatth priar ta burial, creat	PART 2. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE-	OR CONDITION GIVEN IN PART I(a)	ASAL ARE LINES			
	ing ing the ta	NO.							
	IAN: The law retal or attending thicate has been star use as the beatth priar table.	190. DATE OF OPERATION 19b. CONDIT	ON FOR WHICH OPERATION WAS I	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDIN	GS CONSIDERED IN CERTIFYING			
	The att	E 3-19-69 HO	vel Obser	cellin YES NO	CAUSES OF DEATH?				
		21a. ACCIDENT WAS UNDERLYING	1b. TIME OF INJURY	21c. HOW INJURY OCCURRED (E	inter nature of injury in Port 1 or Por	t 2, Item 18.)			
	CA ifficial factors	G CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exominer)	HOUR A.M. Manth Doy Yea P.M.	r 19					
	PHYSICIAN: e haspital ar his certificate stached far u Dept. af Hea	₹ 21d. INJURY OCCURRED 21e. PLACE	OF INILIRY / AT HOME, FARM, STREET, I		No. City or Tawn	Caunty State			
	ing PHYSICIAN: by the haspital ar fter this certificate be detached far us state Dept. af Healt	While Not while at work of work	OFFICE BUILDING, ETC.			,			
		22a. I certify that (I) (this hos	nital) attended the decea	sed from 6 - 19-19	969, to 5-20-	19.69, that (I) (we) last			
	ATTENDING stained by the STOR: After shauld be d ith the State	saw the deceased alive a	3-20-	1965 Yand that in (my) (aur)	apinian deoth occurred an the	e dote and haur and from the			
	on the	causes stated above, (I) (we) (did) (did nat) view the	bady after death.		, acro cha hacrana man min			
	A signal of the	22b. SIGNATURE	00010	ATTENDING &	1100 07455	22c. DATE SIGNED			
	OR be red v ed v	4 Criston	sal telas	ML DIGREE PHYS.	MED. DIRECTOR PHYS.	5-20-69			
	AL dy	22d. PHYSICIAN'S	-0 - 1 1/2	22e. ADDRESS	NI 115002	5000			
	TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit TO FUNERAL DIRECTOR: After this certification, page 3 should be detached shauld be filed with the State Dept. of	NAME (Type) CRIS	108AW	NH MD. 123	3 W. Hegy St.	celpion, Md.			
	Page 4 O FUN director shaull	230. BURIAL, CREMATION 23b. DATE	23c. NAME O	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	/ (Corunty) / (State)			
	0 0 0 0 mg &	REMOVAL (Specify) 5	4/1918 Am	1) Married Com	Lest Nepini	+ Carl Mel			
	W.	24. FUNERAL DIRECTOR	ADDRO:	S 2So. REC'	D BY REGISTRAR 25b. REGISTR	PAR'S SIGNATURE			
	VR A15 (4) 45M - 1/69	well totter	man /su	espelle Mel DATEMI	AY 26 1988 FCC	carles judges			
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MARYLAND STATE DEPARTMENT OF HEALTH